

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JEB 2016, INC.

A. Full Name (Last, First, Middle Initial)

MS. BARBARA TRIBBLE

Mailing Address 201 CHINABERRY LANE

City	State	Zip Code
KIAWAH ISLAND	SC	29455-5854

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17.112200

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2015

CONTRIBUTION

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

MR. JOHN TRIPLETT

Mailing Address POST OFFICE BOX 2128

City	State	Zip Code
INEZ	KY	41224-2128

FEC ID number of contributing federal political committee.

C

Name of Employer
TRIPLETT LAW OFFICE

Occupation
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17.120028

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)

MR. CHARLES TRIPPE

Mailing Address 8224 SABAL OAK LANE

City	State	Zip Code
JACKSONVILLE	FL	32256-7373

FEC ID number of contributing federal political committee.

C

Name of Employer
MOSELEY PRITCHARD PARRISH

Occupation
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Transaction ID : SA17.110448

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2015

CONTRIBUTION

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....

3450.00

Total This Period (last page this line number only).....